

LEADERSHIP LANCASTER APPLICATION

NAME:						
		(First)	(Middle)			
Male: □	Female: □	Yea	ars in Lancaster County	<i>y</i> :		
HOME ADD	DRESS:					
			(Street, City, Zip)			
OFFICE PHO	ONE:		CEL	L:		
OFFICE EM	AIL:					
SINGLE: □	MARRIED: □] CHILDREN	: AGES OF CHILD	REN:		
HOBBIES/II	NTERESTS:					
EMPLOYER	:					
OFFICE AD	DRESS:					
YOUR POSI	YOUR POSITION: LENGTH OF EMPLOYMENT:					
DIRECT SUI	PERVISOR'S NA	ME/TITLE:				
EMERGENCY CONTACT NAME:				PHONE:		
EDUCATIO	N:					
HIGH SCHO	OOL:		CITY:	DEGREE/YEAR:		
COLLEGE:			CITY:	DEGREE/YEAR:		
OTHER:			CITY:	DEGREE/YEAR:		
Rank, in ord	TY INVOLVEMI er of importance nsibility, and loca	to you, five civ	ic/community activities i	in which you participated and include the name,		
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GENERAL:	
WHAT DO YOU HOPE TO GAIN FROM LEADERSHIP LAI	NCASTER?
WHAT DO YOU FEEL IS YOUR RESPONSIBILITY TO LAN	CASTER COUNTY?
WHAT DO YOU CONSIDER THE THREE MOST PRESSING	G PROBLEMS FACING LANCASTER COUNTY? WHY?
Tuition for LEADERSHIP LANCASTER is \$750 for costs associated with the Retreat, meals, and pro	Chamber members, \$800 for non-members. Tuition includes gram materials.
	am and that attendance is required at all sessions. I will devote and I am ultimately responsible for the tuition payment and pany.
APPLICANT'S SIGNATURE:	SUPERVISOR/MANAGER'S SIGNATURE:
DATE:	DATE:

Mail your completed application to: **LANCASTER COUNTY CHAMBER OF COMMERCE,** P.O. BOX 430, LANCASTER, South Carolina 29721, **ATTN: LEADERSHIP LANCASTER OR** EMAIL: michelle@lancasterchambersc.com.